

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034665

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS-300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Kirkwood

Length of stay in 1b  
Weeks

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Chastains Nursing Home

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

#8 Ridgewood Road

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

GRACE

BAYRD

SWITZLER

4. DATE  
OF  
DEATH

Month

Day

Year

August 15 1963

## 5. SEX

female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

10-14-1876

## 9. AGE (last birthday)

87

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

At Home

## 11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

EDWARD A. BAYRD

## 13b. MOTHER'S MAIDEN NAME

unk.

## 14. NAME OF HUSBAND OR WIFE

Royall H. Switzler

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Lee I. Neidringhaus, 850 Kent Road

## 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cerebral Arterial Sclerosis.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

1955

to

Death

and last saw her

him

alive on

8/15/63

Death occurred at

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Signature or title)

## 22b. ADDRESS

114 N. Taylor. St. Louis

## 22c. DATE SIGNED

8/16/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

## 23b. DATE

8-17-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Missouri

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Lupton Chapel, Inc. St. Louis 30, Mo.

## 25. DATE RECD. BY LOCAL REG.

8-16-63

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

Dr. Robert Smith  
114 N. Taylor Ave.  
JE 3-8600

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Arnold W. Schoene*

Licensed Embalmer No.

*3864*

P. O. Address

*St Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.